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CONFIRMATION NO. 7477

Bib Data Sheet

<b>SERIAL NUMBER</b> 10/020,044	<b>FILING OR 371(c) DATE</b> 12/13/2001 <b>RULE</b>	<b>CLASS</b> 514	<b>GROUP ART UNIT</b> 1623	<b>ATTORNEY DOCKET NO.</b> 7594-84879
<b>APPLICANTS</b> Latifa Dahricorreia, Saint Amand les Eaux, FRANCE; Jacqueline Jozefonvicz, Lamorlaye, FRANCE; Marcel Jozefowicz, Lamorlaye, FRANCE; Jose Correia, Saint Amand les Eaux, FRANCE; Remi Huynh, Saint Amand les Eaux, FRANCE;				
<b>** CONTINUING DATA *****</b>				
<b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **</b> ** 03/21/2002				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Allowance <u>G. K. Smith</u> Acknowledged <u>GK</u> Examiner's Signature Initials		<b>STATE OR COUNTRY</b> FRANCE	<b>SHEETS DRAWING</b> 3	<b>TOTAL CLAIMS</b> 21
<b>INDEPENDENT CLAIMS</b> 3				
<b>ADDRESS</b> 24628				
<b>TITLE</b> PHARMACEUTICAL COMPOSITIONS WITH WOUND HEALING OR ANTI-COMPLEMENTARY ACTIVITY COMPRISING A DEXTRAN DERIVATIVE				
<b>FILING FEE RECEIVED</b> 771	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	